



# Milton-Freewater Police Department

722 South Main Street \* Post Office Box 6  
Milton-Freewater, OR 97862

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## CITIZEN COMMENT / COMPLAINT FORM

We'd like to hear from you. We'd like to know how we've served you, and if we can do a better job. If you have had contact with members of our department, and would like to either compliment or state a complaint about the services you received, or offer suggestions on a better way to serve you in the future, please take some time, complete this form, and return it to the Chief of Police.

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Your Name

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Phone Number

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Address

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Witness Name

Address

Phone Number

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Witness Name

Address

Phone Number

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Location of Incident

Date/Time of Incident

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Officer/Involved Department Member's Name

2<sup>nd</sup> Involved Member's Name

[illegible]